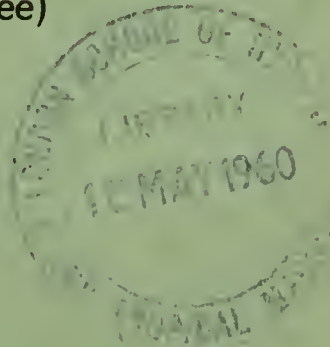


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**CUMBERLAND COUNTY COUNCIL**

(Education Committee)



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# **ANNUAL REPORT**

of the

**PRINCIPAL SCHOOL MEDICAL OFFICER**

**W. H. P. MINTO, M.D., D.P.H.**

on the

**SCHOOL HEALTH SERVICE**

**FOR THE YEAR 1959**



**CUMBERLAND COUNTY COUNCIL**

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Annual Report of the Principal School Medical Officer  
on the School Health Service for the year 1959.

Page 21. Delete the first sentence and substitute -

"The distribution of cases by severity is shown on  
the table on Page 20".



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## PREFACE

To the Chairman and Members of the Education Committee

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the annual report on the school health service for the year 1959.

The programme of vaccinations and immunisations for school children has evolved still further and in 1959 the children who had previously received two doses of poliomyelitis vaccine were given a third or booster dose as near as possible to six months after the second. This completed, we now look forward to most children arriving at school at five years having already completed poliomyelitis vaccination. Very necessary attention is still being paid to maintaining the level of diphtheria immunisation in school children. With regard to preventive measures against tuberculosis, mass miniature radiography is now being offered to school children on reaching the age of fifteen years and those thirteen year olds whose Mantoux skin test so indicates have their chests X-rayed at the chest clinic. The decreasing numbers with a positive Mantoux test reflect in an interesting and gratifying way the decline in the ubiquity of the tubercle bacillus in the population in general.

The work of the school health service has continued systematically its efforts to expand and enrich the limited horizons of the handicapped child. The programme of audiometry has continued and I include this year some notes on his work by the first peripatetic teacher of the deaf in the county. The problem of adequate special educational facilities for the educationally subnormal child remains difficult of solution while the supply of teaching staff who might make the provision of progress classes more comprehensive, is still so short. Many of the victims of the other "slings and arrows of outrageous fortune" in school children have continued to benefit in 1959 from a co-operative effort by the various agencies and individuals concerned with their physical, mental, and educational welfare. At the same time every avenue of research and new method of treatment must receive due assessment and application where indicated. Once again in the past year I have been grateful for the opportunity afforded members of the medical and nursing staff of attending courses and conferences directed to this end.

An event of considerable importance was the conference on Health Education in Schools held at Keswick in October. An account of this is given in this report and the programmes of the conference and of a series of five meetings on health education held at five different centres and colleges of further education are included. The talks and discussions at the conference confirmed in the minds

of those attending, the value of pursuing this subject in schools as a vital part of the overall inculcation of the principles of hygiene from earliest childhood to old age.

I would like to express my thanks to Dr. Terrell, my new deputy, for the part he has played in editing this report and to the clerical staff of the School Health Section for the efficient way in which they have kept the records and prepared the statistical tables.

I am, Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

W. H. P. MINTO,

Principal School Medical Officer.

County Health Department,  
11 Portland Square,  
Carlisle.

January, 1960.

## SCHOOL HEALTH SERVICE

STAFF AS AT 31.12.59

### SCHOOL, MEDICAL AND DENTAL STAFF

#### Principal School Medical Officer:—

\*W. H. P. Minto, M.D., D.P.H.

#### Deputy Principal School Medical Officer:—

\*R. K. Machell, M.B., Ch.B., D.P.H. Resigned 30.9.59.

\*J. D. Terrell, M.B., Ch.B., D.P.H., D.C.H. Commenced 1.12.59.

#### School Medical Officers:—

*John Neil Dobson, M.B., Ch.B., D.P.H.	)	Also D'str'ct
John R. Hassan, M.B., Ch.B., D.R.C.O.G. (Part-time General Practitioner).	)	Medical Officers
*James L. Hunter, M.B., Ch.B., D.P.H.	)	of Health
*Isaac S. Jones, M.R.C.S., L.R.C.P., D.P.H.	)	and
*John Patterson, M.B., B.Ch., B.A.O., D.P.H.	)	Assistant County
*Ethel A. Perrott, M.D., B.S., D.P.H.	)	Medical
*Kenmure J. Thomson, M.B., Ch.B., D.P.H.	)	Officers
A. M. Anderson, M.B., Ch.B., D.P.H. Commenced 14.9.59.	)	
G. G. W. Bennet, M.B., Ch.B., D.P.H. Commenced 24.8.59.	)	
*Enid M. O. Campbell, M.B., Ch.B., D.P.H.	)	Also
*Catherine Helen Mair, L.R.C.P., L.R.C.S.(Ed.), D.P.H.	)	Assistant
*Percy Thomas Regester, M.R.C.S., L.R.C.P., D.P.H. (Resigned 30.9.59).	)	County
Catherine F. J. Ducksbury, M.B., Ch.B. (part-time - sessional basis)	)	Medical
Edith M. M. Reid, M.B., Ch.B. ( " " )	)	Officers
* Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.		

#### Principal School Dental Officer:—

A. C. S. Martin, L.D.S.

#### School Dental Officers:—

I. R. C. Crabb, L.D.S.	R. B. Neal, M.B.E., L.D.S.
D. H. Hayes, L.D.S.	A. R. Peck, L.D.S.
Mrs. M. Hayes, B.D.S.	J. G. Potter, L.D.S., commenced 1.3.59.
F. H. Jacobs, L.D.S.	A. M. Scott, L.D.S.
D. C. Lamond, L.D.S.	J. Watson, B.D.S., L.D.S., commenced 1.7.59.

## MEDICAL AUXILIARY STAFF

### Orthoptists:—

Miss H. Melvill, D.B.O. Commenced 1.9.59.  
Miss A. Murray, D.B.O.

### Orthopaedic Physiotherapists:—

Miss J. A. Fraser, M.C.S.P., O.N.C.  
Miss J. M. Morris, M.S.C.P., M.E.

### Speech Therapists:—

Miss K. A. Dyson, L.C.S.T. (commenced 7.9.59 - resigned 19.12.59).  
Mrs. S. E. Latimer, L.C.S.T. (Part-time from October, 1958, resigned 31.8.59).  
Miss E. B. Moon, L.C.S.T. (commenced 1.9.59).  
Miss C. C. Richardson, L.C.S.T. (resigned 28.2.59).  
Mrs. E. O. S. Todd (nee MacCalman), L.C.S.T. (commenced 2.2.59).

## NURSING STAFF

### Superintendent Nursing Officer:—

Miss I. Mansbridge, S.R.N., S.C.M., Q.N., H.V.Cert.

### Deputy Superintendent Nursing Officer:—

Miss I. John, S.R.N., S.C.M., Q.N., H.V.Cert.

### Assistant Superintendent Nursing Officers:—

Miss P. G. O'Sullivan, S.R.N., S.C.M., Q.N., H.V.Cert.  
Mrs. A. Steele, S.R.N., S.C.M., Q.N., H.V.Cert.

Three full-time school nurses.

58 nurses and health visitors doing part-time school nursing, of whom 28 hold the Health Visitor's Certificate.

11 full-time Dental Attendants.

## GENERAL STATISTICS

The area covered by the Local Education Authority comprises 967,054 acres and the estimated population of the Administrative County in June, 1959, was 218,900.

The number of pupils on the school registers in January, 1960, was 37,410 compared with 37,044 in the previous year, an increase of 366.

In January, 1960, there were in the county:—

					<i>No. of Pupils</i>
Nursery school	...	...	...	1	40
Primary schools	...	...	...	250	23,935
Non-Selective secondary schools	...	...	...	21	8,266
Grammar schools	...	...	...	9	4,779
Secondary technical school	...	...	...	1	297
Residential special schools	...	...	...	2	
(One for educationally subnormal boys, age range 9-16 years)	...	...	...		57
(One for educationally subnormal girls, age range 9-16 years)	...	...	...		36

## MEDICAL INSPECTION

The practice of examining each child three times during school life, that is at school entrance and during the tenth and fourteenth year, has been continued in 1959 by the examination of children born in 1945 and 1949 and of all entrants. The vision of all eight year old school children (born in 1951) was also tested.

A complete medical examination was carried out in all but two schools in the county, poliomyelitis vaccination no longer demanding quite so high a proportion of the school medical officer's time.

The statistical tables relating to medical inspection are set out as Appendix A at the end of this report, the periodic examinations again being recorded in actual years of birth.

### Findings at Periodic Medical Inspection

The number of children on whom periodic medical inspection was carried out and those found to be suffering from defects for which treatment was recommended are shown in the table below. Comparative figures are given for the last nine years.

			Total Periodic Examinations	Total Pupils found to have defects	%
1959	...	...	9,985	1,072	10.7
1958	...	...	10,887	1,286	11.8
1957	...	...	10,864	1,302	11.9
1956	...	...	9,783	1,352	13.8
1955	...	...	8,691	1,632	18.8
1954	...	...	9,920	1,394	14.1
1953	...	...	9,747	1,569	16.1
1952	...	...	9,759	1,673	17.1
1951	...	...	8,675	1,412	16.3



### Physical Condition

It was pointed out in the last annual report that since 1956 a classification of children at medical inspection as "satisfactory" or "unsatisfactory" has been required by the Ministry of Education, replacing a previous classification as "good", "fair", or "poor", and the percentage in each of the two categories is again shown in the accompanying table.

				Total Examined	Total Found Unsatisfactory	%
1956	...	...	...	9,783	247	2.52
1957	...	...	...	10,864	132	1.22
1958	...	...	...	10,887	97	0.89
1959	...	...	...	9,985	71	0.71

It is interesting to note that the percentage found "unsatisfactory" has been decreasing substantially each year since 1956, being in 1959 less than one-third of the figure of 1956.

Whilst the division into the two categories "satisfactory" and "unsatisfactory" may be the best broad classification yet brought into use, the interesting problem seems still to linger as to what criteria of classification a school medical officer should adopt. If, as seems possible, these criteria may vary considerably from one medical officer to another, it would seem prudent to interpret the figures rather cautiously.

### Cleanliness

Regular inspections of the person and clothing of all children attending school continue to be carried out by the school nurses who are authorised to do this. Follow-up of the unsatisfactory cases achieves ultimate success in most instances but the nurses' resources of patience and perseverance continue to be sorely tried by a small hard core of families where the school holidays frequently put the clock back on the strenuous efforts of the previous term.

The school nurses made 86,790 examinations of children for verminous conditions and uncleanness, compared with 72,691 in 1958, and of this total 998 (1,010 in 1958) children were found to suffer from infestation.

### Following Up

The procedure of recent years continued whereby the school nurse follows up children who are found at medical inspection to have a defect requiring treat-

ment. Visits undertaken for this specific purpose were as follows:— 111 visits paid to 80 cases.

<i>Condition</i>	No. of cases	No. of visits paid
Eye conditions ... ..	19	29
Skin diseases ... ..	10	10
Nose and throat conditions ... ..	2	2
Ear conditions ... ..	23	33
Heart and circulation ... ..	—	—
General cases ... ..	25	36
Uncleanliness ... ..	1	1
	—	—
	80	111
	—	—

### **Employment of Children Bye-Laws**

On 1st October, 1959, there came into operation the revised Employment of Children Bye-Laws made under the Children and Young Persons' Act, 1933, and which superseded those made in 1935. The latter had already been modified to some extent by the Education Act, 1944, in that certain very heavy types of work were then prohibited. A somewhat greater variety of jobs is now permitted, in that for example light agricultural or horticultural work, as well as delivery of milk and newspapers is allowable for one hour on Sunday morning between 7 and 11 a.m., and the two permissible working hours on school days may be used one before and one after school. Only children between the ages of 13 and compulsory school leaving age can be so employed.

Of particular interest is the inclusion of provision in the Bye-Laws for a medical examination within fourteen days of commencing employment. The form of medical certificate used for this purpose is reproduced below. Six-monthly medical examination will be carried out for this purpose in accordance with the Bye-Laws. The child's parent will be invited to be present at the medical examination and the school medical record will be made available to the examining medical officer.

Since the date on which these revised Bye-Laws became operative, 138 children have been examined, of whom one was considered unfit for any of the jobs specified, and another fit only for certain work.



## COUNTY OF CUMBERLAND

## CHILDREN AND YOUNG PERSONS ACT, 1933

## EMPLOYMENT OF CHILDREN BYE-LAWS — MEDICAL CERTIFICATE

I.  
 DATE ..... SCHOOL  
 NAME ..... ADDRESS .....  
 DATE OF BIRTH .....

---

II.  
 NAME AND ADDRESS OF EMPLOYER .....  
 .....  
 NATURE OF BUSINESS .....  
 OCCUPATION IN WHICH CHILD IS TO BE EMPLOYED .....  
 PLACE AT WHICH CHILD IS TO BE EMPLOYED .....

---

HOURS DURING WHICH CHILD IS TO BE EMPLOYED.

School days between ..... and .....  
 Saturdays between ..... and .....  
 Sundays between ..... and .....

---

III.

In my opinion the employment, of which particulars are shown above, WILL NOT be prejudicial to the health or physical development of the above-named child, and will not render him/her unfit to obtain proper benefit from his/her education.

Date ..... Signed .....  
*School Medical Officer.*

---

IV.

Employer's signature .....

Dated .....

---

## ASCERTAINMENT AND TREATMENT OF DEFECTS

### Minor Ailment Clinics

The school health service clinics available are set out in Appendix C to the report. A total of 2,737 individual children attended the school clinics during the year, attendances at individual clinics and the types of case are set out below.

Clinic					New Cases	Attendances All cases
Alston	...	...	...	...	—	see notes
Aspatria	...	...	...	...	236	316
Brampton	...	...	...	...	121	203
Carlisle	...	...	...	...	24	38
Cleator Moor	...	...	...	...	78	289
Cockermouth	...	...	...	...	200	432
Egremont	...	...	...	...	106	192
Frizington	...	...	...	...	57	151
Keswick	...	...	...	...	23	60
Maryport	...	...	...	...	109	354
Millom	...	...	...	...	175	914
Penrith	...	...	...	...	76	126
Whitehaven (Mirehouse)	...	...	...	...	35	87
Whitehaven (Sandhills Lane)	...	...	...	...	139	644
Whitehaven (Woodhouse)	...	...	...	...	239	1,190
Wigton	...	...	...	...	286	556
Workington	...	...	...	...	261	1,171
					2,165	6,723

Defect Code No.	Conditions for which child attended				New Cases	Attendances All Cases
1.	Cleanliness	...	...	...	1	6
2.	Infestation	...	...	...	38	146
4.	Skin diseases	...	...	...	628	2,448
5.	Eye diseases	...	...	...	353	1,109
6.	Ear conditions	...	...	...	99	356
7.	Nose and throat conditions	...	...	...	78	143
8.	Speech defects	...	...	...	20	25
9.	Lymphatic glands	...	...	...	6	10
10.	Heart	...	...	...	4	10
11.	Lungs	...	...	...	44	232
12.	Developmental	...	...	...	3	7
13.	Orthopaedic	...	...	...	110	196
14.	Nervous system	...	...	...	24	156
15.	Psychological	...	...	...	16	35
16.	Abdomen	...	...	...	6	16
17.	Other conditions	...	...	...	735	1,828
					<hr/> 2,165	<hr/> 6,723

The decline in the number of children attending minor ailment clinics continues and reference has been made in recent reports to the fact that the use of school clinics is changing rather than declining. It should be possible for school medical officers to spend a little more time with selected children and their parents in the clinics, and there may be an opportunity for the early maladjustment and behaviour problems to be tackled at the stage where parental attitudes and the child's undesirable reactions have not yet gone 'into orbit.' Thus a contribution impossible in the course of periodic school medical inspections may be made to preventative mental health and this may in turn diminish the load of the child guidance clinics.

No figures are shown under Alston clinic for this year. The general practitioner in this area is also the school medical officer, and with the development of the new schools in Alston it has been found more convenient for the head teachers to refer the children direct to the doctor's surgery each morning.

### **Diseases of Ear, Nose and Throat**

The statistical information relating to diseases of the ear, nose and throat, is set out in Table A and Table B, Pt. II of Appendix A. It is of interest that of the 115 cases of otitis media noted, 8 were found at medical inspection to require treatment, while of the 41 cases seen at special examinations, 16 required treatment.

#### *Tonsillectomy*

It had already been commented upon in the report for 1957 that remarkable differences appear in the figures for otherwise comparable authorities, and Cumberland has been among those with a high proportion of school leavers who have had tonsillectomy. The figure for 1959, however, shows the total number of Cumberland children who have had tonsillectomy to be very close to the average national figure.

## Children who have had Tonsillectomy

Age Groups	Total Examined	1959		1958		1957		1956	
		Boys	Girls	Total	%	Total	%	Total	%
Entrants ...	3,034	98	83	181	6.0	237	6.6	360	9.5
Intermediate ...	3,318	345	335	680	20.4	931	26.3	897	27.3
Leavers ...	2,462	272	282	554	22.5	818	29.2	811	30
Additional Periodic	1,171	120	107	227	19.4	217	22.4	100	25.1
	9,985	835	807	1,642	16.4	2,203	20.2	2,168	21.3

### *Provision of Hearing Aids*

The Ministry of Education require principal school medical officers to report for the year ending 31st December, 1959, the total number of pupils in schools who are known to have been provided with hearing aids: (a) in 1959, and (b) in previous years.

The information is set out in Table B. Part III of Appendix A.

### *Ascertainment and Treatment of Defective Hearing*

The approach to the problem of the early ascertainment of deafness in children was begun in 1958 by the training and employment of health visitors in simple tests for deafness in the infant and by the employment of a full-time audiometrician working in school and the clinics with a pure-tone audiometer. A statement and table of the findings of the first survey were given in the report for 1958. A total of 4,434 children, mainly in West Cumberland, including 3,645 children newly entered school, was tested. This threshold test brought to light 330 cases with some degree of deafness. The follow-up was also shown in tabular form but it was pointed out that comparatively few end results could be given. A fuller record of the survey findings is now given in a similar but condensed table which shows more readily the numbers seen by school medical officers, and by the otologist, together with the results of their findings.

Of the 330 original cases mentioned above, 305 had been examined by the school medical officers by the end of 1959 and 44 by family doctors (some cases being duplicated). 98 had been examined by the otologist, resulting in 44 operations. Perceptive deafness was present or likely in 17 cases. During the year a further five children were issued with hearing aids and one was re-issued as a result of the survey. Auditory training was advised in 9 cases. Subsequent retesting by audiometer revealed that 133 had now normal hearing, including 11 who had had operative treatment; a further 44 showed considerable improvement. 22 children showed an increased loss, mainly due to a continuance or a recurrence of catarrh and these are still under observation.

Numbers tested and the findings in 1959 were as follows:—

A total of 5,192 children were tested in 1959 of ages younger and older than those done in 1958. A total of 343 (6.6%) had some degree of deafness, and only 0.4% were cases already known. The table below gives the broad distribution of these cases.

		Group	No. Tested	No. with defect	%
Routine	...	1953-54	1,294	81	6.3
Routine	...	1950-51	3,597	218	6.1
		On request	301	44	14.6
Total ...			5,192	343	6.6



		Cases of hearing loss revealed by audiometric test in 1958								Findings of School Medical Officer to 31st December, 1959										Findings of Otologist				
		Bilateral			Unilateral																			
		a	b	c	d	e	f																	
		Severe	Moderate	Mild	Severe	Moderate	Mild	Total cases with loss	No. seen by School Medical Officer	Nose and throat condition	Otorrhoea	Abnormal ear drum	Catarrh	Deafness only	Wax or Nil	Backwardness	Now attending family doctor	No. seen by Otologist	Requiring treatment nose and throat	Middle ear deafness	Perceptive deafness	Further observation		
1958																								
groups	a	1						1	1						1									
1958	b		11					11	11						2									
	c			73				73	71		1		17		32					4	1	1		
d	d				2			2	2		2								10	1		2		
loss	e					4		4	2		1				1				1	1				
52/1953	f						98	98	94		13	2	1	30	1	38	1	8	16	7	2	1	6	
								189	181		37	3	1	49	1	74	1	15	40	23	6	2	9	
groups	a																							
1958	b		6					6	6		3				1									
ess	c			9				9	9		2	1								2	2	3		
known	d																							
52/53)	e					2		2	2		2													
	f						18	18	18			1		2		7		6		5	1			
								35	35		7	2		4		8		14	14	7	4	3		
ner	a																							
line	b		10					10	8		6			1		1				1	2	5		
ewly	c			20				20	19		4	2	2	1	2	6	1	1		4		1		
d	d				1			1	1		1									1		4		
e	e					3		3	2				1											
f	f						36	36	31		3	1		3	1	22	1	1	5	3	1	1		
								70	61		14	3	3	5	4	29	2	2	24	8	4	6		
er	a	3						3	2															
line	b		8					8	5		3		1		1		2	2			2			
	c			8				8	8		1			1		2		4		2	1	4		
	d				3			3	2									2				3		
known	e					5		5	2							1		1				2		
	f						9	9	9		2	1			2		4	6		1		5		
								36	28		6	1	1	1	1	5	13	20		3	1	6		
cases		4	35	110	6	14	161	330	305		64	9	5	59	6	116	3	44	98	41	15	17	25	

		Cases of hearing loss revealed by audiometric test in 1959						
		Bilateral			Unilateral			
		a.	b.	c.	d.	e.	f.	
1959		Severe	Moderate	Mild	Severe	Moderate	Mild	Total with loss
Routine group tested in 1959—newly discovered. (Born 1950/1951 and 1953/1954)	a. b. c. d. e. f.		18	128	2	18	119	18 128 2 18 119
								285
Routine group tested in 1959—deafness already known. (Born 1950/1951 and 1953/1954)	a. b. c. d. e. f.	1	2	5			6	1 2 5 6
								14
Cases other than routine—newly discovered.	a. b. c. d. e. f.		3	14	2	4	15	3 14 2 4 15
								38
Cases other than routine—deafness already known.	a. b. c. d. e. f.		3			2	1	3 2 2 1
								6
Total cases		1	26	147	4	24	141	343



The distribution of cases by severity is shown on table 2 at the end of this report. Very few factors emerged relating to family history, pregnancy or birth — one case of Rh. negative state in the mother, four cases of toxæmia of pregnancy, three cases of prematurity, and one case of jaundice after birth. None of these factors was associated with a severe degree of deafness. The majority of the cases was seen by school medical officers. Twenty seven had been seen by the otologist and 7 had had operative treatment by the end of the year. One child had been recommended a hearing aid and 2 recommended for auditory training.

The findings in both 1958 and 1959 indicated that a wide net has been thrown but much small fry caught. The mere fact that a great deal of the audiometric work is done in the colder months of the year when colds are prevalent, brings to light a large number of mild cases of deafness due to adventitious causes. The follow-up and retesting of such cases takes perhaps an inordinate amount of valuable time. It is felt too that greater effort is required in ascertaining deafness in pre-school children. Review of our approach to this subject will be necessary from time to time as the service develops.

Mr. Rawden was appointed as the first peripatetic teacher of the deaf in September, 1958. He now writes on his first year's work as follows:—

*“Pre-School training and parent guidance.”*

The training and guidance of deaf and partially deaf children must begin at an early age. Parents must be helped to accept and understand the handicap of a deaf child and they must be shown how they can give him the maximum of help and encouragement under the best possible conditions. Early diagnosis is essential, so that guidance and pre-school training can be given until the child requires full time education. Auditory training, resulting in the more effective use of residual hearing, may enable a child with partial deafness to continue his education in the normal school, though obviously a more severely deaf child will require a specialised type of education in a school for the deaf.

Parent guidance and pre-school training has been given at clinics held weekly in Workington, Whitehaven and Egremont. Transistor type hearing aids have been issued to deaf babies and parents have been shown how a child can achieve maximum benefit from whatever residual hearing remains, as well as encouraging the child to “look” for speech. Parents have been most co-operative and have attended regularly, in spite of distance from the clinics (e.g. Eskmeals, Waberthwaite, Gosforth).

Numerous home visits have been made to supplement the guidance given at the clinic.

### *Children of school age.*

Many children who are of school age and have a lesser degree of deafness are being educated successfully in the normal school. They are carefully supervised by the teacher of the deaf, who visits the school. This enables him to meet the child's class teacher and so give advice on the special problems encountered in the classroom by a child with defective hearing. Again, the cause and type of deafness, degree of deafness and the pupil's ability to lipread are also discussed. A child may require a hearing aid, and in nearly all cases, a favourable position in the classroom. If an aid is issued then both parents and teachers are shown how the child can achieve the maximum amount of benefit from the instrument. Apart from being encouraged to wear an aid, the child must have instruction in its use and maintenance. In the past, many aids had been put aside and in some cases discarded, because of lack of primary training.

Visits have been made to primary, secondary and grammar schools in the county, to give auditory training to pupils with defective hearing and to ensure that hearing aids are worn to the best advantage. Once contact has been made with a school, the head teacher and staff are usually co-operative.

In the case of a more severe hearing loss, some children require more specialised teaching. As well as being visited at school, they are called to the nearest county clinic. At the clinic, time is given to auditory training, lipreading and, if necessary, speech correction. Backwardness usually exists in this group, which means that pupils need some straightforward remedial teaching in general class subjects. Regular attendance and higher standards of attainment and general development show this has been most worthwhile.

### *E.N.T. Clinics*

Although it has not been possible to attend all the E.N.T. clinics, cases have been discussed with the otologist from time to time.

### *Pupils in Special Schools*

Contact has also been made with the homes of deaf and partially deaf children who are in residential schools outside the county. Home visits have been made during the school holidays, to advise parents how to maintain and implement the aural teaching of the children whilst they are at home. This has proved to be a very valuable link between the teacher, the various children and their families, and the schools for the deaf.

Number of pre-school children attending clinic:—

No.				Degree of Deafness
<hr/>				
3	...	...	...	Profound deafness
2	...	...	...	Severe partial deafness
2	...	...	...	Slight-moderate deafness
3	...	...	...	Under observation
<hr/>				
Total	...	10		
<hr/>				

Number of children of school age:—

No.	Degree of Deafness	Comment
3	N.A.D.	
15	slight	Favourable classroom position
(3 left school July, 1959)		
19	slight to moderate	Supervision and follow up at school
(1 left district June, 1959)		
11	slight/moderate to severe	Supervision and follow up at clinic
(1 East Cumberland case referred to Carlisle City teacher of the deaf)		
<hr/>		
Total	48	
<hr/>		

Cases referred:—

				Pre-school	School
E.N.T. specialist	...	...	...	7	28
School Medical Officer	...	...	...	2	20
Health visitor	...	...	...	1	—
<hr/>				10	48
<hr/>					

Total number of cases 1st January, 1959, to 31st December, 1959 — 58."

### Visual Defects and Diseases of the Eye

The findings at medical inspection are set out in Table A. Pt. III of Appendix A, and the arrangements for the provision of spectacles are unchanged. A routine eye test is carried out for each child who has a periodic examination, letter "E"

type test cards being used for testing the entrant periodic group, and in addition each 8 year old child has a routine eye test.

### *Ascertainment and Treatment of Squint*

A second orthoptist was appointed from 1st September and the orthoptic clinics are now well established in the area. Details of cases treated at the various clinics are shown as follows:—

	Carlisle	Penrith	Workington	Whitehaven	Total
No. of new cases seen ...	39	26	44	42	151
No. of new cases taken on	31	22	22	24	99

Treatment during year of new cases.

#### CONVERGENT

Tonic ... ..	2	4	2	2	10
Partially accommodative	9	11	10	10	40
Fully accommodative and convergence excess ...	6	3	5	5	19
Esophoria ... ..	—	1	—	—	1
Amblyopia ... ..	—	1	—	1	2
External rective palsy ...	1	—	—	1	2

#### DIVERGENT

Constant and mixed ...	2	—	1	—	3
Divergence excess ...	5	1	2	—	8
Convergence weakness ...	—	—	1	—	1
Exophoria ... ..	1	—	—	1	2
Consecutive divergence ...	—	—	—	1	1
Convergence deficiency ...	3	—	—	1	4
Vertical deviation ...	2	1	1	2	6
	31	22	22	24	99

Of the 99 cases which were treated, 34 cases had amblyopia which had to be treated first before any other treatment could proceed.

Discharges during year:—

Cured ... ..	9	2	5	8	24
Cosmetically satisfactory	14	3	16	11	44
Improved ... ..	—	—	2	—	2
No response to treatment	—	—	1	1	2
Failed to attend ... ..	—	—	—	4	4
Transferred ... ..	1	1	—	1	3
	24	6	24	25	79



### Orthopaedic and Postural Defects

Orthopaedic Treatment undertaken during the year:—

Number on aftercare register at 1.1.59	...	...	...	...	...	1,209
New cases during 1959	...	...	...	...	...	82
Cases referred for orthopaedic physiotherapist only	...	...	...	...	...	174
Cases renotified after previous discharge	...	...	...	...	...	17
Cases attaining school age after having been referred originally from child welfare clinic	...	...	...	...	...	77
Number removed from register	...	...	...	...	...	398
Number on register at 31.12.59	...	...	...	...	...	1,163
Attendances at surgeon's clinics	...	...	...	...	...	597
Attendances at intermediate clinics	...	...	...	...	...	2,567
Homes visited by orthopaedic physiotherapists	...	...	...	...	...	430
Plaster applied	...	...	...	...	...	59
Surgical boots and appliances supplied and renewed (including insoles)	...	...	...	...	...	479
Cases receiving hospital treatment during 1959	...	...	...	...	...	48
Cases awaiting admission to hospital 31.12.59	...	...	...	...	...	29
X-ray examinations during 1959	...	...	...	...	...	90
Awaiting X-ray	...	...	...	...	...	55

Number on aftercare register at 31.12 59:—

Flat foot	...	...	...	...	...	...	...	319
T.B. joints	...	...	...	...	...	...	...	14
Injuries (including fractures)	...	...	...	...	...	...	...	9
Poliomyelitis	...	...	...	...	...	...	...	61
Knock knees and bow legs	...	...	...	...	...	...	...	235
Cerebral palsy	...	...	...	...	...	...	...	63
Other birth injuries	...	...	...	...	...	...	...	9
Torticollis	...	...	...	...	...	...	...	8
Spina bifida	...	...	...	...	...	...	...	8
Paraplegia	...	...	...	...	...	...	...	2
Perthes disease and coxa vara	...	...	...	...	...	...	...	20
Congenital dislocation of the hip	...	...	...	...	...	...	...	23
Congenital defects (including talipes and pes cavus)	...	...	...	...	...	...	...	111
Hallux valgus and deformed toes	...	...	...	...	...	...	...	41
Postural defects	...	...	...	...	...	...	...	84
Scoliosis, lordosis and kyphosis	...	...	...	...	...	...	...	23
Achondroplasia	...	...	...	...	...	...	...	1
Muscular dystrophy	...	...	...	...	...	...	...	2
Schlatter's disease	...	...	...	...	...	...	...	1
Arthritis, synovitis, rheumatism	...	...	...	...	...	...	...	5
Slipped epiphysis	...	...	...	...	...	...	...	1
Other conditions	...	...	...	...	...	...	...	68

### Speech Therapy

Miss Richardson resigned in February. Miss MacCalman replaced her and thus there was left still only one speech therapist to serve the whole county. We were fortunate however in still having the part-time services of Mrs. Latimer who continued to hold a weekly clinic in Carlisle until September, when she also resigned. Clinics were held during this period in Carlisle, Wigton, Maryport, Penrith, Workington, Whitehaven, Cleator Moor and Egremont. In September, however, Miss Moon and Miss Dyson were appointed and this gave us for the first time a staff of three full-time speech therapists. To utilise their services to the best advantage the county was divided into three areas based on Carlisle, Keswick, and Whitehaven, and this enabled clinics once again to be held in Aspatria, Keswick, Ingwell, Seascale and Millom. This allowed the reduction of a waiting list which had been increased during the early part of the year and now it is possible to assess each patient on referral and to take on a larger number for regular treatment. The number on the register is, however, still too large to make it possible for all patients to have regular treatment and a number have been placed under supervision. They are seen every three months at the clinic and the speech therapist endeavours to visit the home and school as well. The latter visits enable the speech therapist to assess the child and his problem against his social and educational background. One session a week is now devoted by each therapist to school and home visiting.

The therapist based on Carlisle spends one half hour session per week at the occupation centre at Wigton and if this time could be increased there is much interesting and rewarding work which could be done in this field.

To sum up, speech therapy is now available to a greater extent than ever before in the county and yet the volume of work continues to more than occupy fully the present staff.

	On Register 1.1.59	Admitted	Discharged	On Register 31.1.59	Waiting List included in previous column
West Cumberland )		41	59	143	44
)	239				
S.E. Cumberland )		34	22	81	11
East Cumberland )	154	44	36	171	27
	393	119	117	395	82

## Particulars of Cases Discharged:—

	West Cumberland	East Cumberland	S.E. Cumberland
Normal ... ..	29	18	17
Improved, unlikely to benefit further	11	9	1
Lack of co-operation ... ..	6	2	2
Transferred ... ..	10	3	1
Left school ... ..	—	3	1
Refused treatment ... ..	3	1	—
	59	36	22

## Cases Treated:—

	West Cumberland	East Cumberland	S.E. Cumberland
Dyslalia ... ..	49	43	17
Stammer ... ..	28	35	22
Stammer and dyslalia ... ..	6	8	2
Sigmatism ... ..	14	8	6
Cleft palate ... ..	6	6	3
Hard of hearing ... ..	1	1	2
Dysarthria ... ..	1	2	—
Dysphonia ... ..	1	2	—
Dysphasia ... ..	—	2	—
Retarded speech ... ..	9	15	13
Hyper-rhinophonia ... ..	—	4	—
	115	126	65

Attendances:—

					Attendances	Waiting List
Cleator Moor	...	...	...	...	275	10
Egremont	...	...	...	...	146	5
Ingwell	...	...	...	...	76	—
Millom	...	...	...	...	137	14
Seascale	...	...	...	...	58	—
Whitehaven	...	...	...	...	408	15
Cockermouth	...	...	...	...	15	—
Keswick	...	...	...	...	34	—
Penrith	...	...	...	...	294	2
Workington	...	...	...	...	404	9
Aspatria	...	...	...	...	54	4
Carlisle	...	...	...	...	432	6
Maryport	...	...	...	...	220	14
Wigton	...	...	...	...	304	3
					—	—
					2,857	82
					—	—

### Child Guidance

As will be seen from the following statistical table, there has been no change either in the location of clinics during the year or in staffing. The number of new cases shows an increase of 25% and it is pleasing to note that by far the most significant increase (52 as compared with 30 in 1958) is represented by referrals from general practitioners or consultants.

Comment was made in my last report on the role of the trained psychiatric social worker in the child guidance team and of our efforts to fill a vacancy which has existed for four years. Even the introduction of a generous scholarship scheme to enable a suitable student to take the necessary additional training has so far failed to attract a candidate who is acceptable to the universities offering this specialised course. The long awaited report of the Working Party on Social Workers (Younghusband Report) reminds us that the Committee on Maladjusted Children (Underwood Committee) estimated in 1955 that 420 psychiatric social workers would be needed for child guidance alone and comments — “We must accept, however, that even if numbers (of students in training) increase, a general shortage of these social workers will persist for some years to come.”



STAFF:									
				Carlisle	Maryport	Whitehaven	Millom		
				Dr. Stuart	Dr. Ferguson	Dr. Ferguson	Dr. Ferguson		
				Mr. H. Blair Hood	Mr. H. Blair Hood	Miss Grey	Miss Grey		
				Miss M. Lamb	Mrs. M. M. Coles	Mrs. M. M. Coles	Mrs. M. M. Coles		
Psychiatrist	...	...	...						
Educational Psychologist	...	...	...						
Psychiatric Social Worker	...	...	...						
Cases remaining on register at January 1st, 1959				32	21	146	12		211
New cases referred during year by:—									
Consultants or General Practitioners	...	...	...	10	3	38	1		52
School Medical Officers	...	...	...	13	—	13	—		26
Children's Officer	...	...	...	3	—	—	—		3
Parents	...	...	...	—	—	2	—		2
Schools	...	...	...	5	2	6	1		14
Probation Officers or Courts	...	...	...	—	1	—	—		1
Others	...	...	...	—	—	2	—		2
Cases re-opened during year	...	...	...	3	1	2	1		7
Total cases on registers during year	...	...	...	66	28	209	15		318
Cases dealt with and closed	...	...	...	27	12	29	2		70
Cases remaining under treatment at 31.12.1959	...	...	...	33	16	176	13		238
Cases awaiting treatment at 31.12.1959	...	...	...	6	—	4	—		10
				66	28	209	15		318
Interviews by Psychiatrists:									
With child and/or parent	...	...	...	193	94	265	34		586
Interviews by Social Workers:									
At Home and Clinic	...	...	...	125	8	185	—		318
Interviews by Educational Psychologist:									
(a) Tests, play therapy, remedial teaching, etc.	...	...	...	35	70	183	20		308
with child	...	...	...	49	17	105	9		180
(b) School visits	...	...	...	—	7	8	3		18
(c) With parents at home or clinic	...	...	...	—	—	—	—		—

### **Handicapped Pupils**

While the primary aim of the school health service is to prevent illness and consequent handicaps, an increasing proportion of time is coming to be devoted to the integrated welfare of the child who presents with a handicap produced by causes over which the school health service has no control, notably the congenital physical or mental defects which have become perhaps the most difficult remaining problem in preventive medicine. Work in connection with this type of case is not, of course, without its own preventive aspect contributing by such supportive and remedial services as physiotherapy and speech therapy, to the arrest of the progress of certain handicaps or the alleviation of their effects. Not too often can it be stressed that this field of work demands the most careful and painstaking liaison both within and between the education and health departments of a local authority and with a host of other interested parties. The fact that the Education Act 1944, Section 34, makes provision for the ascertainment of "any disability of mind or body" from the age of 2 years, emphasises the advantages of the comprehensive view of the handicapped child open to the medical officer and nurse with joint responsibilities in the maternity and child welfare services of the local health authority and in the school health service.

Continuity of medical supervision from the earliest suspicion of disability in the infant or young child, and the careful selection of the proper time for ascertainment of defects and the start of educational planning, weigh the scales of fortune of the handicapped child heavily in his favour at the outset. In this connection mention should be made of the value of the special clinics for handicapped children where a child's developmental progress can be followed closely and regularly, and his disabilities assessed and catered for at each stage of growth. Improvements in the medical documentation of all handicapped school children have been initiated in the year, and already this build-up of a body of comprehensive files on these children is paying handsomely in smoothing and accelerating administrative decisions.

#### *Blind and Partially Sighted Pupils*

The child who is blind within the terms of the Education Act 1944, that is "who have no sight or whose sight is likely to become so defective that they require education by methods not involving the use of sight" has no alternative to the residential special school if he is to receive any useful teaching. In Cumberland 7 children are so classified and are accommodated in two schools in Shrewsbury and Newcastle-upon-Tyne, while there are six partially sighted children in three schools in Preston, Shrewsbury and Berkshire.

Only a specialist ophthalmologist can make the weighty clinical decision necessary in these cases and he completes the form B.D.8 covering diagnosis, recommendations for treatment, including educational, and advises on follow-up arrangements. A majority of these children now are the victims rather of congenital than acquired eye defects.

The partially sighted child is often catered for in ordinary school, though not without a considerable effort and cheerfully accepted extra work on the part of the teaching staff. It is also widely and wisely recognised that the presence of such a child in a class can make a contribution of real value in the education and character development of the normal child. Some partially sighted children do however require education in special schools.

### *Deaf and Partially Deaf Pupils*

The number of deaf and partially deaf children at special schools at the end of the year was 17. We still have reason to be grateful for the help and guidance of Sir Alexander Ewing on the educational needs of those children, whom I refer, after consultation with otologists, to the Department of Education of the Deaf in Manchester for full assessment.

The operation of the scheme of ascertainment of deafness described in detail in last year's report continues to work well and the complementary report on the work of the peripatetic teacher of the deaf is included on page 21.

### *Educationally Subnormal*

The Authority maintains two special residential schools for educationally subnormal pupils — at Ingwell, Moor Row, for boys, and at H'gham, near Cocker-mouth, for girls.

Ingwell school provides accommodation for 57 pupils and, of the places available, an unspecified number (particular cases being given consideration as they arise) are used by pupils from the city of Carlisle. Six places are allocated for use by Westmorland boys. The girls' school at H'gham has accommodation for 38 pupils, three of the places being allocated to Westmorland cases. A similar arrangement to that in operation for the boys has been agreed with the city of Carlisle.

Five Cumberland children (one boy and four girls) are resident at special schools for the educationally subnormal outside the county. Three of these have a second handicap coupled with their educational subnormality and were admitted to out-county schools for this reason.

From the table which follows, showing the numbers of handicapped children in various types of special schools, it will be noted that 86 pupils (50 boys and 36 girls) are receiving special educational treatment on account of educational subnormality in special residential schools. As a result of examinations carried out under Section 34 of the Education Act, 1944, during the year 1959 a total of 88 children were recommended for education in special schools for the educationally subnormal. It follows that the present facilities within the county for the special education of children suffering from this form of handicap cannot be regarded as adequate. The provision of "progress" classes in ordinary schools continues to be hampered by the lingering practical problems of staffing and accommodation. Children in such classes although ascertained as educationally subnormal within the terms of the Education Act are not subject to the requirement of remaining in school till the age of 16 years which applies to those in a special school.

Although parents accepting places at Ingwell and Higham give a written undertaking to allow their children to remain at school until 16 years, one boy was withdrawn from Ingwell school and four girls from Higham school during the year before reaching the special school leaving age as laid down in the Education Act for children on the register of special schools.

## 2 H.P. EXAMINATIONS COMPLETED IN 1959

### Under Section 34

Recommended Special School — E.S.N.	...	...	...	...	88
Recommended Special School — Maladjusted	...	...	...	...	1
Recommended Special Class (E.S.N.)	...	...	...	...	12
No special educational treatment required	...	...	...	...	6
Decision deferred	...	...	...	...	12
					<hr/> 119 <hr/>

### Under Section 57

Reported as ineducable (Section 57 (3) )	...	...	...	...	9
Reported as requiring supervision on leaving school (Section 57 (5) )	...	...	...	...	21
Decision as to educability deferred	...	...	...	...	1
Not requiring supervision on leaving school	...	...	...	...	4
					<hr/> 35 <hr/>



## NEW CASES REFERRED IN 1959

Referred by	Referred for investigation of intellectual capacity	Referred for behaviour disorders	Referred as possibly ineducable	Total
School Medical Officers ...	70	31	1	102
Psychologists and Teachers	46	12	—	58
Consultants and Hospitals	4	8	6	18
Family Doctors ... ..	5	39	—	44
Children's Officer ... ..	1	—	1	2
Probation Officer ... ..	2	2	—	4
Parents ... ..	—	1	—	1
Others ... ..	7	5	16	28
	<hr/> 135 <hr/>	<hr/> 98 <hr/>	<hr/> 24 <hr/>	<hr/> 257 <hr/>

*Children suffering from Epilepsy*

To all whose work is not closely related to the practice of medicine, an epileptic fit is an event which must ever produce at the least some dismay and at worst panic. The fact that of all the Cumberland school children ascertained as epileptic, only 2 are at special residential schools, is in itself an eloquent tribute to the teachers who gladly face the problem and keep the epileptic child in ordinary school in recognition of the fact that this is in his best interests. The majority of epileptic children are reasonably controlled by anticonvulsant drugs, and their retention in the normal educational system gives them the best apprenticeship for normal community life on leaving school.

*Maladjusted Pupils*

There is one Cumberland pupil in a residential school for the maladjusted. The work of the Child Guidance Service is described on page 28.

*Physically Handicapped Pupils*

Certain severely disabling handicaps still have some ground to yield to preventive medicine in the form of vaccination and immunisation procedures in early childhood. Many cases of bronchiectasis are still traceable to the infant attack of whooping cough, which might have been obviated or at least greatly modified by vaccination. Poliomyelitis vaccination still holds captive the public imagination and enthusiasm to a large extent. Assuming its preventive value satisfies our hopes, a fall-off in its acceptance, such as has always threatened, and

in many places has befallen diphtheria immunisation, would threaten a return to fresh orthopaedic problems and handicaps in young victims of poliomyelitis. Our vigilance in these matters will continue to stand related for a long time to come to the volume of such physical handicap in the school child.

### *Children Suffering from Cerebral Palsy*

The number of children known to be suffering from cerebral palsy in Cumberland as at 31st December, 1959, is as follows:—

Number of spastic children of school age —	West Cumberland	...	...	47
	East Cumberland	...	...	24
	Total in Cumberland	...	...	71

These may be divided into those:—

(a) Attending ordinary school	...	...	...	...	...	...	39
(b) At Percy Hedley School for Spastics (Newcastle)	...	...	...	...	...	...	9
(c) At residential schools for the physically handicapped	...	...	...	...	...	...	1
(d) At residential schools for the educationally subnormal	...	...	...	...	...	...	1
(e) Attending occupation centre	...	...	...	...	...	...	4
(f) At Dovenby Hospital	...	...	...	...	...	...	4
(g) Having home tuition	...	...	...	...	...	...	4
(h) Not attending school, not having home tuition	...	...	...	...	...	...	9

1 awaiting admission to Spastics Home.

5 pending admission to Dovenby.

1 awaiting final assessment.

2 under statutory supervision Section 57(3) Education Act 1944.

In addition:—

Number of children under school age but within the scope of the Education Act 1944 (i.e. 2 — 5 years of age)

(a) Known spastics —

West Cumberland	...	...	...	...	...	...	8
East Cumberland	...	...	...	...	...	...	8
Total in Cumberland	...	...	...	...	...	...	16

(b) Under observation or investigation —

West Cumberland	...	...	...	...	...	...	3
East Cumberland	...	...	...	...	...	...	—
Total in Cumberland	...	...	...	...	...	...	3

The arrangements made by the County Health Authority for the diagnosis and assessment of cerebral palsy remain as described in previous annual school health reports. We continue to have the regular and valuable advice of Dr. Ellis, Director of the Percy Hedley School for Spastics, Newcastle on Tyne, at three centres in the county, i.e. Carlisle, Workington, and Penrith.

During the year the Cumberland, Westmorland and Furness Spastics Society closed the holiday home at Solway Villa, Allonby, but in place opened a larger home, also at Allonby by the name of "Westways", and during the year certain county children have had the advantage of a stay there.

#### *Pupils with Speech Defects*

There are no pupils in residential special schools on account of severe speech defect or lack of speech.

#### *Delicate and Diabetic Pupils*

In recent years the delicate child has not presented a very serious problem in special educational treatment in Cumberland. The Sunshine Home at Allonby is still used to provide a recuperative holiday for some delicate children.

The care of the diabetic child has features in common with that of the epileptic and he too should in almost every case be in an ordinary school where the teaching staff have received guidance from the school medical officer on general and emergency management.

**Table Showing Handicapped Children in Special Schools**

Name of School	Boys	Girls
<b>BLIND</b>		
Royal Normal College for the Blind, Shrewsbury ... ..	2	—
Royal Victoria School for the Blind, Newcastle ... ..	—	5
Total	2	5
<b>PARTIALLY SIGHTED</b>		
School for the Partially Sighted, Preston ... ..	4	—
Barclay School for Partially Sighted Girls, Berkshire ...	—	1
Royal Normal College for the Blind, Shrewsbury ... ..	1	—
Total	5	1
<b>DEAF</b>		
Northern Counties School for the Deaf and Dumb, Newcastle	—	1
Royal Cross School for the Deaf, Preston ... ..	3	—
Boston Spa Institute for the Deaf ... ..	1	2
Royal Residential School for the Deaf, Manchester ... ..	—	2
Burwood Park School, Walton on Thames ... ..	1	—
Liverpool School for the Partially Deaf, Southport ... ..	1	—
Thomasson Memorial School, Bolton ... ..	—	1
Total	6	6
<b>PARTIALLY DEAF</b>		
Northern Counties School for the Deaf and Dumb, Newcastle	2	—
Liverpool School for the Partially Deaf, Southport ... ..	1	1
Boston Spa Institute for the Deaf ... ..	—	1
Total	3	2



## Name of School

Boys

Girls

## EDUCATIONALLY SUBNORMAL

St. Francis Residential School, Birmingham ... ..	—	2
Allerton Priory R.C. Special School ... ..	—	1
Ingwell Residential School, Moor Row ... ..	49	—
Higham Residential School, Cockermouth ... ..	—	32
York Day Special School, Carlisle ... ..	1	1
Total	50	36

## EPILEPTIC

Sedgewick House School, Kendal ... ..	1	—
Colthurst House School, Warford, Cheshire ... ..	1	—
Total	2	—

## MALADJUSTED

St. Vincent's Home, Newcastle-upon-Tyne ... ..	1	—
Total	1	—

## PHYSICALLY HANDICAPPED

Hesley Hall School for Physically Handicapped, Doncaster	1	—
Heritage Craft School for Physically Handicapped, Chailey ...	—	1
Percy Hedley School for Spastic Children, Newcastle ...	5	4
W. J. Sanderson Hospital, Gosforth ... ..	1	—
Total	7	5

## DELICATE

Children's Convalescent Home, West Kirby ... Total	—	1
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## HOSPITAL SPECIAL SCHOOLS

Stanington Children's Hospital School, Near Morpeth Total	2	—
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## Dental Service

The Principal Dental Officer makes the following comments on the dental service for 1959:—

“ The gradual building up of the dental staff in the county since the 1948-50 debacle has at long last been completed and the year ends with a full staff of one principal and ten officers to cover both school and maternity and child welfare services. It must be borne in mind that while the two services are separate administratively, in the working out of things they cannot be divorced, particularly with children, because the pre-school and school child is the one person, and the degree to which dental interest is developed in the under five will have a very definite influence on that same child's treatment in later years. For this reason the same dentist should deal with both groups, as it is doubtful if anything has a greater bearing on satisfactory treatment than an established patient/dentist relationship. In addition, the treatment of maternity cases, by gaining the confidence of the mother, can lay an excellent foundation for the subsequent care of the children. Thus it can be seen that as staff increases and allows development of the maternity and child welfare side an all round increase in the demand for treatment is probable, and it is with this in view that the establishment has been increased so that additions can be made as the need becomes evident. These remarks are prompted by the appointment first of Mr. J. G. Potter on 1.3.59 and later of Mr. J. Watson on 1.7.59, both of whom made a welcome addition to the staff.

As will be noticed in the statistical table, all schools in the county were not covered by periodic inspection during the year. Allowing for absentees from inspection, between 4,000 and 5,000 pupils were left over, but most of these should be seen by early February, 1960, and it is hoped to complete all schools in the year from now on, so at long last it seems that the desired objective is in sight. At the same time the provision of transport for pupils in rural schools, which it is hoped to commence in April, should go a long way towards helping in what is always a difficulty — arranging for the treatment of children who are remotely situated. It can be understood that parents are not willing to spend a day taking a child to a clinic unless in their view the treatment is essential.

One point of interest regarding the statistics is the pleasing decrease of extractions of permanent teeth compared to fillings. Last year the ratio was 69%, it is now approaching 50%. This is a good sign, especially when it is realised that many of these extractions were done to relieve overcrowding and not because of caries. One further figure calls for note — the number of pupils supplied with artificial teeth, 393. Of these only 8 were for full dentures, of which only one

was supplied with both upper and lower, while one was a girl of 5 years who had had all her teeth extracted in hospital some time before and was having difficulty in eating. She was a most satisfactory patient! A large number of dentures are necessary because of accidents involving fracture and subsequent loss of incisor teeth — an ever present problem in school children.

It is only necessary to add that as Principal School Dental Officer I do wish to record my appreciation of the excellent team spirit that characterises the dental staff as a whole, and also how much I value the help so readily given by the head teachers and staffs of the schools in the county ”.

## **PREVENTION OF ILLNESS AND PROMOTION OF HEALTH**

### **Protection of School Children against Tuberculosis**

Since 1951 mass miniature radiography has been offered to all school children (including those attending private schools) over the age of 13 years. The 13 year old children are offered Mantoux skin tests. Negative reactors are given B.C.G. vaccination and those who are found to be positive are now called to the chest clinics for X-ray. In 1959 and in future years, mass miniature radiography is to be confined to pupils over 15 years.

In 1959 explanatory letters were sent to the parents of 2,974 children (3,509) and the acceptance rate was 77% (73%) which, bearing in mind that some of the non-acceptors would have had B.C.G. vaccination under the contact scheme, may be considered a satisfactory response, and compares favourably with the acceptance rates for the country in general which range from 50% to 80%. Tests were actually completed on 2,215 (2,472) children, which represents 74% (70%) of the school child population in respect of whom the offer was made. Of these 490 (614) gave a positive reaction, showing that they had at some time been exposed to tuberculous infection. The percentage positive was 22.1 (24.8%). Of the 1,709 (1,843) negative children, 1,706 (1,840) were given B.C.G. vaccination.

Note: Figures in parentheses refer to the year 1958.

The following table gives the figures for Mantoux testing of 13 year old school children since the scheme started in 1955.

DISTRICT	Children born 1941 Tested in 1955			Children born 1942 Tested in 1956			Children born 1943 Tested in 1957			Children born 1944 Tested in 1958			Children born 1945 Tested in 1959		
	No.	No.	%	No.	No.	%	No.	No.	%	No.	No.	%	No.	No.	%
	Tested Positive			Tested Positive			Tested Positive			Tested Positive			Tested Positive		
	Positive			Positive			Positive			Positive			Positive		
	%			%			%			%			%		
Alston	26	3	11.5	31	11	35.5	32	19	59.4	39	6	15.4	27	10	37.0
Border	222	40	18.0	236	68	28.8	230	49	21.8	267	38	12.8	237	31	13.1
Keswick	101	10	9.9	78	30	38.5	99	28	28.3	92	19	20.7	78	17	21.8
Penrith R.D.	60	9	15.0	58	13	22.4	62	10	16.1	66	16	24.2	69	8	11.6
Penrith U.D.	133	30	22.6	137	45	32.8	134	30	22.4	135	20	14.8	143	23	16.1
Wigton	224	62	27.7	231	55	23.8	283	69	25.3	288	52	18.1	278	39	14.0
<b>Total East Cumberland</b>	<b>766</b>	<b>154</b>	<b>20.1</b>	<b>771</b>	<b>222</b>	<b>29.0</b>	<b>840</b>	<b>205</b>	<b>24.4</b>	<b>887</b>	<b>151</b>	<b>17.0</b>	<b>832</b>	<b>128</b>	<b>15.4</b>
Cockermouth R.D.	45	14	31.1	75	28	37.3	60	18	30.0	14	3	21.4	25	7	28.0
Cockermouth U.D.	91	34	37.4	101	23	22.7	104	30	28.8	157	34	21.7	140	33	23.6
Ennerdale	209	81	38.8	242	101	41.7	311	114	36.7	286	101	35.3	234	80	34.2
Maryport	119	42	35.3	108	37	34.3	108	41	38.0	160	50	31.3	137	29	21.2
Millom	132	56	42.4	146	65	44.5	170	60	35.3	184	64	34.8	176	56	31.8
Whitehaven	414	145	35.0	315	149	37.3	325	111	34.1	384	129	33.3	297	88	29.6
Workington	414	141	34.1	384	130	33.9	358	118	30.2	400	82	20.5	374	69	18.4
<b>Total West Cumberland</b>	<b>1424</b>	<b>513</b>	<b>36.0</b>	<b>1371</b>	<b>533</b>	<b>39.0</b>	<b>1436</b>	<b>492</b>	<b>34.3</b>	<b>1585</b>	<b>463</b>	<b>29.2</b>	<b>1383</b>	<b>362</b>	<b>26.2</b>
<b>GRAND TOTAL</b>	<b>2190</b>	<b>667</b>	<b>30.4</b>	<b>2142</b>	<b>755</b>	<b>35.3</b>	<b>2276</b>	<b>697</b>	<b>30.6</b>	<b>2472</b>	<b>614</b>	<b>24.8</b>	<b>2215</b>	<b>490</b>	<b>22.1</b>



*Mass Miniature Radiography*

The following table shows the findings at mass radiography of all school children, including those attending private schools, over the age of 15 years.

Children X-rayed on miniature films	...	...	...	2,434
Children recalled for large film examination	...	...	...	46
Children recalled for clinical examination	...	...	...	6
Children found with active tuberculosis	...	...	...	2
Children found with inactive tuberculosis	...	...	...	1
Children found with bronchiectasis	...	...	...	1
Children found with abnormal cardiac conditions	...	...	...	1

**Medical Examination of Teachers**

	Category					
	Total	A1	A2	B1	B2	C
Entrants to Training Colleges Form 4 R.T.C. ... ..	195	148	43	—	4	—
Entrants to employment as teachers by Cumberland Education Committee (Form 28 R.Q.) ... ..	56	33	22	1	—	—
There were examined in addition:—						
“Experienced” teachers from other authorities entering employment in Cumberland ... ..	59	55	4	—	—	—
	310	236	69	1	4	—

A.1 — Those who are in good health and free from any physical defect.

A.2 — Those who are in good health but possess defects which are not likely to interfere with efficiency in teaching.

B.1 — Those who are in good health but suffer from physical defects (including disfigurement or deformity) which are likely to interfere, to some extent, with efficiency in teaching though they are not serious enough to make the candidate unfit for the teaching profession.

B.2 — Those who are temporarily in sub-normal health, but may, under treatment make a good recovery.

C. — Those whose condition is such as to make them unfit for the teaching profession.



### **Prevention of Diphtheria**

The arrangements for diphtheria immunisation were still rather curtailed during 1959. Pre-school children continue to be immunised at infant welfare centres or by general medical practitioners at their surgeries, usually before the age of one year. A "booster" dose is given when a child enters school so that immunity is maintained, and further booster doses thereafter are available at approximately four year intervals. Those children who have not had primary immunisation are given, subject to the parents' consent, a full course on starting school. Pressure of work on poliomyelitis vaccination having been reduced in 1959 compared with the previous year, the number of school children who were immunised against diphtheria rose to 229 and 2,180 were given "booster" injections. This was now the eleventh successive year in which no case of diphtheria was notified in Cumberland. It is so very necessary that parents should understand that immunisation against diphtheria is still of cardinal importance in preventing a return of this dread infection, and it is reassuring to note that many parents still have this clearly before them as evidenced by their acceptance of diphtheria immunisation in those parts of the county where full facilities have again been made available.

### **Poliomyelitis Vaccination**

Mention was made last year of the extension of the vaccination scheme to all up to the age of 25 years and of the provision for third injections to be given approximately six months after the initial two. The following tables show that now there are only 6,725 awaiting third injections. There is virtually no waiting list and those who register can expect to be vaccinated with little delay. In Cumberland the proportion of school children who have received two or three injections now stands at 80%.

# Poliomyelitis Vaccination

At 31.12.58

	Year Born											Total
	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	
Received three injections ...	1	2	—	255	241	244	242	210	214	204	332	1,945
Received two injections ...	2,619	2,297	2,774	3,298	3,021	2,905	2,875	2,815	2,743	2,499	2,254	30,100
	2,620	2,299	2,774	3,553	3,262	3,149	3,117	3,025	2,957	2,703	2,586	32,045

At 31.12.59

	Year Born											Total
	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	
Received three injections ...	2,215	1,966	2,389	3,009	2,826	2,695	2,600	2,494	2,463	2,174	2,113	26,944
Received two injections ...	627	445	567	691	547	461	602	636	623	744	782	6,725
	2,842	2,411	2,956	3,700	3,373	3,156	3,202	3,130	3,086	2,918	2,895	33,669

### Prevention of Infectious Diseases

The changing picture in infectious diseases over recent years amongst school children has brought into greater prominence virus and gastro-intestinal infections, against which no immunisation or vaccination measures are available. Dr. Patte-son writes of his experience recently in this connection:—

“ On the 13th November, 1959, I arrived at a school in order to inoculate the children with their third dose of poliomyelitis vaccine. I found over 30 children were off ill and several of those present were feeling ill. All the children had been at school the previous day.

The clinical picture was one of vomiting, sudden in onset, with abdominal pains and slight headache but no diarrhoea. In all cases the onset of vomiting was nocturnal. Specimens of vomit and faeces were collected for laboratory examination and all except one were reported as negative for bacteria. Not all children affected had had school milk and only about half had had a school meal.

The three classrooms in this school are formed out of a large room partially partitioned so that all rooms are communicating. The clinical history plus negative specimens, the rapid spread involving three different age group levels at the same time, possibly because of the classroom arrangements, point to a virus infection very similar to Epidemic Nausea or Winter Vomiting. The only exception was a boy of five years, whose faeces specimen was positive for salmonella bovis morbi-ficans — one of the Food Poisoning organisms.

Investigation showed that he had been off colour for ten days and his elder sister aged 21 years had had vomiting and diarrhoea for two weeks. She was excreting the same organism and so was her mother, father and two other brothers. She had been taken ill two days after returning from a holiday in Glasgow. This girl was even then working in a large hotel in a nearby town and so, at once, all employees there were interviewed for history of sickness and specimens collected from all twenty-one of them. These, much to our relief, were all negative. Needless to say this family was kept off food handling and school until declared clear by laboratory examination.

All the other school children and staff were back at school in two days, quite recovered. Inspections and specimens from the various slaughter houses all proved negative for this organism ”.

Such infections, and notably dysentery, have as the master key to their control the constant inculcation by example and precept of regular and careful habits of personal hygiene, particularly hand washing. In such matters teaching staff and school meals workers can play a vital if unobtrusive rôle in the health education of the children, directed towards the prevention of the spread of infection.

Recurrent virus infections, mainly respiratory, together with the above mentioned gastro-intestinal infections, keep underlined the basic rules of hygiene for children and adults of the handkerchief, the well ventilated room, and the well patronised wash basin. One organism, however, with constant potential for disabling disease in the form of rheumatic fever and nephritis, is the streptococcus, and the increase in notifications of scarlet fever would suggest that we must still keep a careful watch upon the spread of this germ.

Details of cases of infectious disease in children of school age are given in the table which follows:—

	Scarlet Fever	Whooping Cough	Ac. Polio Paralytic	Ac. Polio Non-paralytic	Measles (excluding Rubella)	Diphtheria	Dysentery	Meningococcal Infection	Ac. Pneumonia	Smallpox	Ac. Encephalitis Infective	Ac. Encephalitis Post-Infective	Enteric or Typhoid Fever	Paratyphoid Fever	Erysipelas	Food Poisoning	T.B. Respiratory	T.B. meninges and C.N.S.	T.B. Other	TOTAL
<i>Urban</i>																				
Cockermouth	—	—	—	—	16	—	—	—	—	—	—	—	—	—	—	—	1	—	1	18
Keswick	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Maryport	15	—	—	—	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	58
Penrith	13	—	—	—	107	—	—	—	1	—	—	—	—	—	—	5	1	—	—	127
Whitehaven	9	14	—	—	58	—	—	—	1	—	—	—	—	—	—	—	—	—	—	82
Workington	20	6	—	—	308	—	—	—	—	—	—	—	—	—	—	—	—	—	—	334
<i>Rural</i>																				
Alston	—	—	—	—	7	—	—	—	1	—	—	—	1	—	—	—	—	—	—	9
Border	13	—	—	—	102	—	2	—	—	—	—	—	—	—	—	—	—	—	—	117
Cockermouth	14	—	—	—	160	—	3	—	—	—	—	—	—	—	—	—	2	—	—	179
Ennerdale	8	8	—	—	129	—	—	—	—	—	—	—	—	—	—	—	—	—	1	146
Millom	23	19	—	—	337	—	—	—	—	—	—	—	—	—	—	—	—	—	—	379
Penrith	17	3	—	—	63	—	1	—	—	—	—	—	—	—	—	—	1	—	—	85
Wigton	2	2	—	—	68	—	—	—	—	—	—	—	—	—	—	—	—	—	1	73
Total ...	134	52	—	—	1403	—	6	—	3	—	—	—	1	—	—	5	5	—	3	1612



*Tuberculosis*

There were 8 school children notified as suffering from tuberculosis. Details are given in the table below.

Age period	5-10 years		11-15 years		15 years and over		Total	
Sex	M.	F.	M.	F.	M.	F.	M.	F.
Pulmonary	—	2	—	1	2	—	2	3
Non-pulmonary	—	1	1	1	—	—	1	2
TOTAL	—	3	1	2	2	—	3	5

**School Premises**

School medical officers continue to make annual inspections of the school premises which they visit, based upon the comprehensive schedule used for this purpose.

Caldew School at Dalston, Salterbeck Secondary School at Workington, the new Junior School at Hensingham, an instalment of a new building for Solway House School at Maryport, and the very large extensions of the secondary school at Millom have been opened in the year. At the same time, work on the adaptation and extension of the former Samuel King's School at Alston, converting it into a junior and infants' school has been completed together with small extensions at Eden School, Carlisle, Northside and Wilson Schools, Workington and Holme St. Cuthbert School. In addition, extensions of the St. Catherine Roman Catholic Primary School at Penrith have been completed for use in 1960. Extensions and improvements have been made to the lavatory and sanitary accommodation of 14, mostly primary, schools. Over £3,000 has been spent on this, and about a further £1,000 on the improvement of heating at four other schools.

Fortunately, therefore, this work increasingly relates to new school premises. The school medical officer looks forward to increasing contact with teaching colleagues, children and their parents in the school, in the furtherance of all aspects of health education, as well as in the more routine work of medical inspection and examination. If it is not possible to provide an ideal suite of medical accommodation, purpose designed rooms, which are easily convertible for medical uses, go a long way towards meeting the need.



### **School Meals**

Mr. Gordon S. Bessey, the Director of Education has supplied the following report on the school meals service along with the note on Milk in Schools which follows:—

“Once again during the year 1959 a hot midday meal was available to all children of school age attending each of the 284 nursery, primary and secondary schools maintained by the Authority, who wished to take advantage of this provision. In fact, children at all these schools, with the exception of Beckermest C. of E. School, where there was no demand, took dinners.

I am pleased to be able to report, this year, a further increase in the percentage of day pupils of school age who took meals as compared with the previous year's figure. Even after taking into consideration the expected upward trend in the percentage of secondary school pupils taking dinners following the opening, during the past two years of several new secondary schools and the consequent reorganisation of many rural primary schools, it is apparent, from the figures which follow (all of which relate to a day in September in each year) that the overall 4% drop in the numbers of children taking meals which occurred between September, 1955, and October, 1957, following two price increases which became effective on 1st September, 1956, and 1st April, 1957, is being steadily restored.

Year	Primary and Nursery Schools			Secondary Schools			All Schools Combined		
	No. of children present	No. taking meals	Percentage taking meals	No. of children present	No. taking meals	Percentage taking meals	No. of children present	No. taking meals	Percentage taking meals
1955	24,542	14,937	60.86	9,140	6,673	73.01	33,682	21,610	64.16
1958	23,578	13,224	56.09	11,051	7,933	71.78	34,629	21,157	61.09
1959	21,972	13,031	59.31	13,004	9,613	73.92	34,976	22,644	64.74

New secondary schools at Dalston, Workington and Maryport and a primary school at Whitehaven, each with appropriate facilities for the service of school meals, were completed during the year and were all taken into use at the beginning of the Autumn Term. Caldew and Salterbeck Schools each have a 350 meals kitchen but, since the new Solway House School is erected on the same site as the already existing Netherhall School, the former servery there was adapted to provide a kitchen of 750 meals capacity to serve both schools. Hensingham Junior School is provided with scullery and dining facilities only and has dinners sent in from Whitehaven Central Kitchen.

The beginning of the Autumn Term saw also the opening of a non-standard 600 meals kitchen to serve the enlarged Millom School and a dual purpose 200 meals dining room/class space and scullery at Workington Newlands School.

Towards the end of the year work was completed on the adaptation of the former Samuel King's School premises at Alston to provide alternative accommodation for the Alston High and Alston Infant's Schools which, on 4th January, 1960, will amalgamate and will be known as Alston Primary School. The dining centres in the Chapel Terrace Schoolroom and the Church Hall respectively, which have served these two schools for many years, closed at the end of the Autumn Term, since dining and scullery accommodation is available for the Primary School in the new building. Dinners will continue to be supplied from the kitchen at Samuel King's School.

As in past years, the Authority has also undertaken during the year under review a further programme of improvements at a number of sub-standard meals premises so as to bring conditions of hygiene there up to the standard required by the Food Hygiene Regulations. However, more work still remains to be done and further improvements will be carried out in the ensuing year.

### **Milk in Schools**

The figures given below show the position regarding the consumption of milk by day pupils present at the 284 nursery, primary and secondary schools maintained by the Authority on a day in September, 1959, as compared with a day in the same month in 1958:—

Year	Primary and Nursery Schools			Secondary Schools			All Schools Combined		
	No. of children present	No. taking milk	Percentage taking milk	No. of children present	No. taking milk	Percentage taking milk	No. of children present	No. taking milk	Percentage taking milk
1958	23,578	20,925	88.75	11,051	5,932	53.68	34,629	26,857	77.56
1959	21,972	19,675	89.55	13,004	7,362	56.61	34,976	27,037	77.30

The following table shows the percentages of different types of milk being supplied to children attending maintained day schools in September, 1959:—

Pasteurised	...	...	...	71.42%
Tuberculin tested	...	...	...	28.33%
Ordinary	...	...	...	.25%

### Physical Education

I am indebted to the Chief Organisers of Physical Education, Miss Kathleen Sutton and Mr. Lionel Heyworth, for the following report:—

“As the provision of climbing apparatus in the primary school increases gradually year by year, the approach to the use of the modern gymnasia in the secondary schools becomes a natural, progressive stage. Children are ready to explore, to invent, to create, to carry out a set task, without fear or hesitation having had the opportunity of informal exploratory work in the primary school on various types of climbing apparatus.

In those schools where space is available, basic movement training leads to creative work in dance forms and dance drama. Following courses for teachers in basic movement training, discussion groups have been arranged at Workington, Whitehaven and Silloth, followed by children's demonstrations.

In schools where teachers accept the fact that the junior child is primarily concerned with learning skills, and that the major game is largely left to the secondary stage, good training has been given. Junior schools which enjoy shared facilities with new secondary schools are having the advantage of space and good surfaces for individual training activities.

With the development of less formal work in gymnastics in schools and with the correlation between the indoor lessons and the wider aspects of physical education, further progress has been made in the planning of gymnasia to meet the need for a broad interpretation of physical education in secondary schools. Caldew, Millom and Salterbeck have now been added to a rapidly expanding list of post-war secondary schools with excellent indoor facilities for physical education. Progress has also been made in the laying out of courts for basketball, netball and tennis on the hard areas surrounding new secondary schools.

In order to carry out a fully-effective programme at secondary level it is important that outdoor provision should be geared with the building of new schools. Towards this end new playing fields have been constructed by specialist contractors—Alston (Townfoot Recreation Ground), Brampton (White House School), Cleator Moor (Ehenside, St. Cuthbert's and Montreal Schools), Cockermouth



Grammar School, Millom School, while the county playing field construction team have completed the grass areas at Cockermouth (Derwent School), Workington (Salterbeck School) and Silloth Schools. At Alston (Townfoot) and at Penrith (Southend) the Authority has co-operated with local councils in financing the construction of playing field facilities which will be used by schools, youth and adults. Concrete wickets and jumping pits have been laid at a number of secondary schools by the Authority's construction team, while the maintenance teams are now responsible for the upkeep of 266 acres of playing fields.

The steady improvement of outdoor facilities and the enthusiasm of teachers to carry the daily routine work of physical education through club activity to the voluntary field has made possible very creditable achievements by the voluntary sports associations.

In athletics the delightful summer saw many school and district sports leading up to two outstanding county events—the Inter-Grammar School Sports, held at Workington Grammar School in May and the County Sports, held at Netherhall school in June where some 560 children took part. A team of 60 promising young athletes travelled to Northwich in the care of teachers of the Cumberland Schools' Athletics Association to represent Cumberland at the Inter-County Championships to receive generous hospitality in the homes of children and friends in an area extending 30 miles from the centre and to play their part in an intricate project planned as much for social as for physical education. Cross-country running is becoming increasingly popular as an alternative sport for boys during the winter season.

Cricket is a game where results and enthusiasm reflect the facilities which are provided, for improvisation leads to dangerous play and discouragement. It is hoped that the Authority's policy of preparing hard surfaced wickets instead of grass squares will encourage much wider participation in the secondary schools, particularly in the northern part of the county where full reorganisation will shortly be effected. It is clear that the persistence and vitality of the teachers supporting the Cumberland Schools Cricket Association are overcoming the handicaps of poor facilities and a scattered county; then activities involving a winter cricket school for 30 boys, held at Newlands School under the auspices of the Eagle Coaching Scheme, a three day coaching course for 40 boys under 14 years of age held at Workington Grammar School during the Easter holiday, an inter-district competition and three county matches against Lancashire, Yorkshire and Durham have been rewarded by three Cumberland boys gaining national caps. In a county, where cricket has not the public support of other national games, this achievement the first of its kind in Cumberland, will be a source of considerable encouragement to



the teachers who have been building up this British national game during the past ten years.

The Cumberland Schools Football Association, to which over 60 schools are now affiliated, has built up a pyramid of school, district and county activity in recent years. During the year under review both the County Shield Competition, in which 21 schools took part, and the Minor Competition with 23 competing schools, were won by Newlands School, the Invitation Supporters' Club Cup was won by Workington District S.F.A. and the Junior Seven-a-side competition by St. John's Boys' School. The Festival of Football involving 240 boys and organised by the East Lakelands S.F.A. in May is an example of the district activity arranged on a social competitive basis. The improved standard of football arising from the voluntary work is reflected in the creditable results of county games which showed two victories against North Lancashire at Barrow and South West Scotland at Penrith and a narrow defeat against Northumberland, as well as the play shown in the English Schools' Football Association Shield Competition. This improvement is also attributed to coaching course for pupils and teachers arranged at district and county levels, with the co-operation of the Cumberland Football Association and the Football Association and the attendant dissemination to schools of modern coaching methods.

The small nucleus of schools in West Cumberland which follows the Rugby League code has worked most effectively within the narrow limits placed upon it by the few schools affiliated to the Cumberland Schools' Rugby League. With only 10 schools following this code it has not been possible to field a representative team of full county status. Nevertheless the need for competitive games for boys has been met during the year by matches against Barrow and Wigan, strongholds of the code. Friendly games on a fixture list basis have also been played. While the standard of play in individual schools attains a general satisfactory level and in some is very high, a progressive upward trend cannot be foreseen unless more schools participate, since boys of outstanding ability are not challenged and the resultant improved play is not reflected in the general level of skill in the schools concerned.

The Cumberland and Westmorland Schools' Rugby Union continues to be supported strongly by the grammar schools and it is interesting to note that an increasing number of secondary schools, anxious to give boys the opportunity of learning both codes of football, are taking an interest in the activities of the union. The Junior Shield Competition for boys under 15 was won by Whitehaven Grammar School. The second residential coaching course for boys was again centred at the County Youth Centre during the Spring Mid-term holiday when 6 teachers instructed 28 selected boys who would provide the foundation for this season's "All-age"

team. The results of county games were pleasing—the “Under 15” team winning against South of Scotland and Northumberland, while losing by a narrow margin to Durham and Cleveland, and the “All-age” XV scoring victories over Northumberland and South of Scotland, while drawing with Durham. Two boys in the “All-age” group were awarded international caps.

The year has been an eventful one for girls’ and women’s voluntary associations. The Cumberland Netball Association staged the second of three Test Matches, South Africa v. England, which were held in this county. North-West England played North-East England in the curtain raiser match which preceded the international one, three Cumbrians having been selected to play for the North-West team.

The South Africans were the guests of the Association at the Borrowdale Hotel where they were given a civic reception by the Keswick Urban District Council. They visited places of interest in the Lake District and had the opportunity of seeing Lairthwaite School and of keeping in training on its netball courts.

1500 teachers, youth leaders and school children had the opportunity of seeing netball played at its best in both matches, with a rare demonstration of faultless shooting by England’s shooter.

The winter season opened with a Youth Rally held on the new hard courts at Solway School, Maryport, where the excellent facilities provide for ten teams to be in action at one time. 120 young people from affiliated netball clubs took part.

County trials for the selection of junior and senior county netball teams were held at Carlisle, Workington and Maryport. During the season the representative teams have taken part in inter-county games and territorial gatherings. A coaching and umpiring course for youth leaders and teachers was held at Caldew School, the county teams being used for demonstration purposes. The Association has circulated to schools, films illustrating coaching, umpiring and skills of the game.

The secondary schools’ annual netball tournament was held at Lairthwaite School and a record entry of teams brought eleven courts into use. 360 children enjoyed this social gathering in its unique setting. The Association, catering for the un-reorganised schools held its annual netball tournament for all-age teams. Fourteen schools took part in this rally which inevitably becomes smaller each year as new secondary schools are opened.

The Cumberland Hockey Association were hosts at Keswick in the Spring to the pioneer Canadian Hockey Team who played the North of England Reserves at Lairthwaite School on their way to the International Hockey Festival at Amsterdam. The county maintenance ground staff provided a pitch of international

standard in spite of heavy rainfall, and on this occasion, as on many others throughout the season, the women's organisations are grateful to them for their willing and constant support.

The marked improvement in the standard of play in secondary schools has justified the amalgamation of secondary and grammar schools in the junior and senior hockey rallies. The under 16 rally saw an entry of 24 schools playing on six pitches at Solway School, Maryport.

Junior and senior hockey trials were held at Wigton, Maryport and Carlisle. Selected teams have played in inter-county matches, the senior county team spending a week at Blackpool playing in the North of England Rally.

The Cumberland Clubs' Tournament took place on the Keswick School playing field and was supported by 7 clubs.

Cumberland teachers took full advantage of the exceptional summer of 1959 to teach as many children as possible to swim. Apart from the regular instruction at Whitehaven, Workington and Wigton baths, hundreds of pupils enjoyed the sunshine and open water of the River Eamont, Derwentwater, the River Cocker, St. John's Beck and the many pools which occur throughout the countryside, as well as the outdoor baths at Hunsonby and Culgaith. The record number of 2,995 County Swimming Certificates and Royal Life Saving Society Awards gained by the Cumberland children this year reflects credit upon the teachers concerned, many of whom teach swimming under difficult conditions. During the year the need for competitive swimming and diving has been met through the activities of the Cumberland Schools' Swimming Association, as well as through district and school swimming sports.

National achievements such as the ascent of Everest and the Trans-Antarctic Expedition, followed by the inception of the Duke of Edinburgh Award scheme, have fired the imagination of the British boy and girl, captivating their interest in outdoor pursuits in the English countryside. Teachers have taken advantage of the benefits which these natural facilities of mountain, fell, river and lake have to offer throughout the year, by making good use of the County Youth Centre as a base for excursions into the hills and by instructing their pupils in camping, rock climbing, canoeing, ski-ing, fellwalking and sailing. Eight secondary schools now have lightweight camping equipment, full use is being made of the central camping equipment which is available on loan and seven schools have built canoes. It is pleasing to report that 21 secondary schools take part in outdoor pursuits, many through club activity and that many Cumberland boys and girls participated in several week-end courses, covering all types of outdoor pursuits, organised by the officer responsible for Youth Service. Cumberland teachers, interested in this



healthy recreation, have taken part in courses in fellwalking at Keswick, rock-climbing at Borrowdale, ski-ing on the lower slopes of Helvellyn, canoeing on Derwentwater and sailing and camping at Bassenthwaite. Outdoor pursuits demanding fitness, determination, initiative and self-discipline are becoming increasingly popular in schools as equipment and young trained teachers become available.

It will be appreciated that this breadth of voluntary activity at all levels in games, athletics and other forms of recreation, is very demanding upon teachers' leisure time, after school, at week-ends and during holiday periods. In expressing our appreciation of the sacrifices which teachers make in this field of education we look to young entrants to the profession to help in this work and to realise the moral obligation to their pupils and to their colleagues. If British boys and girls are to receive full benefit from the breadth of education which is imperative in the sixties and are to lead a full adult life, much of their social and moral training will start when the school day ends."

### **Health Education**

This year in Cumberland a new approach to the problems of providing health education for the community has been attempted. A week-end conference on Health Education in Schools was held at Lairthwaite School, Keswick, in October. This conference gave an opportunity to members of the educational, medical and nursing staff of the county, to meet together and discuss the many aspects of health which should be the concern of us all. To widen the field of discussion, other members of the community who are interested and spend much of their time in the service of youth, were also present.

Speakers, on the first day of the conference gave as their theme the aspects of health in the widest sense — that of the individual's physical and mental health and their importance in family and community life. There are still many physical illnesses to conquer, but the prevention of diseases and accidents is of vital importance, for by this means our children can be saved from death and severe and crippling physical handicaps. There is a growing awareness of mental illness not only in this country but throughout the world, and again the accent should be on "prevention" which is better than "cure". Mental health is a state in which the individual can achieve success in life, providing adjustment is made and personal responsibility is accepted. In community life the individual should be physically and mentally adjusted so that he can play his part within his family or social group. This theme, a pattern of health maintenance, provided much to talk about and the discussion groups felt there was a definite need for more information, on the part of both adults and children. The second day was devoted to "Further Action" and to how

health education could be disseminated both in colleges and in schools. The summing up of the group discussions suggested that "health education" should be taught in schools and that the children would benefit from such teaching, if it were taught from an early age and carried on throughout school and college life. There should be a unity of purpose and team work between the teachers, doctors and school nurses in their programme of health education for the children and also for the parents.

Before the Health Education Conference a series of five talks on health had been planned and organised for five centres and colleges of further education. By the end of the year the series had been completed at three centres in West Cumberland but despite the publicity, audiences were not large and this has caused some disappointment. It has been suggested that television has kept people to their own firesides — certainly it is an easy and comfortable method of entertainment, and in a systematic programme of health education it is likely to be difficult to compete with that element of professional entertainment. Since the project is still to be completed it would be wrong to try to make an assessment of its value at this stage. It is to some extent experimental and improvements must be made. Our methods of publicity in particular must be reviewed. A sound understanding of health in the community is of great importance, for good health is a necessary adjunct to a more prosperous and gracious way of living.

The programmes of the conference and of the series of talks are set out below:—

## CUMBERLAND EDUCATION COMMITTEE

Conference on Health Education, Lairthwaite School, Keswick

17th/18th October, 1959

### PROGRAMME

Saturday, 17th October

- |      |  |
|------|--|
| a.m. | <p>Introduction.</p> <p>I. The Physical Health of the Individual.</p> <p>II. The Mental Health of the Individual.</p> <p>Formation and introduction of groups, for subsequent group discussions.</p> |
| p.m. | <p>Group discussion.</p> <p>III. Community Health including Education for family life.</p> <p>Group discussion.</p>  |

Sunday, 18th October

- a.m. IV. Future Action.
- (a) By local education authorities and Ministry of Education.
  - (b) By colleges.
  - (c) By schools.
  - (d) By other bodies.
- p.m. Group discussion.  
General discussion and conclusion.

### **COURSE PROGRAMME**

Each meeting consists of two short talks on a particular aspect of health education followed by a period for general discussion and questions.

#### **1. Health and the individual.**

- (a) "The part played by physical education in the moral, physical and mental health of boys and girls".
- (b) "Full life with moderation".
- (c) Open forum

A guide to physical, mental, and social well-being. Following a talk by a physical education organiser on the contribution of physical education to good health, a medical officer will illustrate some of the dangers of our time, including smoking and obesity; some suggestions for living a fuller and healthier life will be offered.

#### **2. The prevention of accidents.**

- (a) "In home and school".
- (b) "On the road".
- (c) Open forum

A discussion of the causes and means of prevention of the deaths and injuries resulting from accidents at home, at school, and on the road. There will be two talks concerning safety (a) in the home and school—illustrating the common causes of injury and their methods of prevention, and (b) on the road — with special emphasis on the safety training of under-fives and of young children.



### **3. Preventable diseases.**

- (a) "A chest physician speaks".
- (b) "A medical officer speaks".
- (c) Open forum

Simple methods which can be adopted to prevent infectious diseases. A talk by the chest physician will outline the problem of tuberculosis and other chest ailments; a medical officer will describe what can be done to prevent poliomyelitis, whooping cough, diphtheria, and smallpox.

### **4. The emotional development of the individual.**

- (a) "A psychiatrist speaks".
- (b) "An educational psychologist speaks".
- (c) Open forum

An account of the emotional development of a normal child and an explanation of some of the features of the maladjusted child, together with a description of the child guidance service. A psychologist will talk about common difficulties in learning.

### **5. Food for health.**

- (a) "Diet and health".
- (b) "The school meals and school milk service".
- (c) Open forum

Well-being promoted by wise feeding. A health visitor will outline the mistakes we make in our daily intake of food, and how by adjusting our diet we may help prevent several common diseases. The value of the school meals and milk services will be described in a short talk by an assistant education officer.

## APPENDIX A.

## MEDICAL INSPECTION AND TREATMENT

**Part I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).****Table A—Periodic Medical Inspections**

Age Groups		Physical Condition of Pupils Inspected			
Inspected	No. of Pupils	SATISFACTORY		UNSATISFACTORY	
(By years of birth)	Inspected	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	60	60 )		0 )	
1954	1,734	1,716 )	99.18 %	18 )	0.82 %
1953	1,240	1,233 )		7 )	
1952	202	202		0	
1951	64	63		1	
1950	43	43		0	
1949	3,318	3,285	99 %	33	1 %
1948	234	233		1	
1947	128	128		0	
1946	74	74		0	
1945	2,462	2,453	99.63 %	9	0.37 %
1944 and earlier	426	424		2	
<b>TOTAL</b>	<b>9,985</b>	<b>9,914</b>	<b>99.29 %</b>	<b>71</b>	<b>0.71 %</b>

**Table B—Pupils found to require Treatment at Periodic Medical Inspections**

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	0	5	5
1954	25	139	162
1953	28	155	180
1952	5	17	21
1951	1	9	10
1950	2	6	8
1949	128	223	336
1948	16	14	30
1947	9	6	13
1946	10	8	17
1945	147	109	250
1944 and earlier	28	13	40
<b>TOTAL</b>	<b>399</b>	<b>704</b>	<b>1,072</b>

**Table C—Other Inspections.**

Number of Special Inspections	...	...	5,699
Number of re-inspections	...	...	10,165
			<hr/>
	Total	...	15,864
			<hr/>

**Table D—Infestation with Vermin.**


---

(a) Total number of individual examinations of pupils in schools by school nurses or some other authorised persons .....	86,790
(b) Total number of individual pupils found to be infested .....	998
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	Nil

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**Part II—Defects found by Medical Inspection during the year**

**Table A—Periodic Inspections**

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspection							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin ... ..	19	73	30	46	27	80	76	199
5	Eyes —								
	a. Vision ... ..	53	207	147	276	199	668	399	1,151
	b. Squint ... ..	20	73	2	11	16	80	38	164
	c. Other ... ..	15	11	6	9	27	23	48	43
6	Ears —								
	a. Hearing ... ..	13	80	5	20	14	45	32	145
	b. Otitis Media	2	51	0	12	6	44	8	107
	c. Other ... ..	10	51	14	4	18	34	42	89
7	Nose and Throat	79	324	7	37	26	177	112	538
8	Speech ... ..	23	62	0	6	12	51	35	119
9	Lymphatic Glands	5	79	0	7	3	25	8	111
10	Heart ... ..	3	32	2	15	2	37	7	80
11	Lungs ... ..	22	166	2	51	5	153	29	370
12	Developmental —								
	a. Hernia ... ..	3	10	2	4	12	9	17	23
	b. Other ... ..	1	46	7	22	13	164	21	232
13	Orthopaedic —								
	a. Posture ... ..	4	9	0	8	8	18	12	35
	b. Feet ... ..	37	86	11	17	30	69	78	172
	c. Other ... ..	42	155	15	40	22	98	79	292
14	Nervous System —								
	a. Epilepsy ... ..	1	6	0	4	0	18	1	28
	b. Other ... ..	3	9	1	6	9	11	13	26
15	Psychological —								
	a. Development	3	15	2	36	30	90	35	141
	b. Stability ... ..	4	14	0	5	4	34	8	53
16	Abdomen ... ..	0	8	0	8	3	31	3	47
17	Other ... ..	38	41	5	23	42	60	85	124



Table B.—Special Inspections

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin ... ..	632	43
5	Eyes—a. Vision ...	368	420
	b. Squint ...	32	8
	c. Other ...	130	20
6	Ears—a. Hearing ...	42	98
	b. Otitis Media ...	16	25
	c. Other ...	67	11
7	Nose and Throat ...	94	74
8	Speech ... ..	28	24
9	Lymphatic Glands ...	8	18
10	Heart ... ..	7	7
11	Lungs ... ..	48	74
12	Developmental—		
	a. Hernia ...	2	0
	b. Other ...	2	17
13	Orthopaedic—		
	a. Posture ...	4	5
	b. Feet ...	51	21
	c. Other ...	64	29
14	Nervous System—		
	a. Epilepsy ...	4	6
	b. Other ...	16	8
15	Psychological—		
	a. Development ...	25	53
	b. Stability ...	13	37
16	Abdomen ... ..	6	16
17	Other ... ..	720	69

**Part III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools)**

**Table A.—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	74
Errors of refraction (including squint) ... ..	2,661
<b>Total</b>	<b>2,735</b>
Number of pupils for whom spectacles were pre- scribed ... ..	1,737

**Table B.—Diseases and Defects of Ear, Nose and Throat**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	3
(b) for adenoids and chronic tonsillitis ...	178
(c) for other nose and throat conditions ...	60
Received other forms of treatment ... ..	150
<b>Total</b>	<b>391</b>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958 ... ..	18
(b) in previous years ... ..	62

**Table C.—Orthopaedic and Postural Defects**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients depart- ments ... ..	1,161
(b) Pupils treated at school for postural defects ...	—
<b>Total</b>	<b>1,161</b>

**Table D.—Diseases of the Skin**

(excluding uncleanliness, for which see Table D. of Part I).

						Number of cases known to have been treated
Ringworm—(a)	Scalp	...	...	...	...	2
	(b) Body	...	...	...	...	17
Scabies	...	...	...	...	...	4
Impetigo	...	...	...	...	...	53
Other skin diseases	...	...	...	...	...	636
Total						<hr/> 712 <hr/>

**Table E.—Child Guidance Treatment.**

				Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	...	...	...	308

**Table F.—Speech Therapy**

				Number of cases known to have been treated
Pupils treated by speech therapists	...	...	...	306

**Table G.—Other Treatment Given**

				Number of cases known to have been dealt with
(a)	Pupils with minor ailments	...	...	805
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	129
(c)	Pupils who received B.C.G. vaccination	...	...	1,706
Total				<hr/> 2,640 <hr/>

# Part IV.—Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a)	At periodic inspections	...	...	28,492	
(b)	As specials	...	...	653	
				<hr/>	Total (1) 29,145
(2)	Number found to require treatment	...			18,755
(3)	Number offered treatment	...	...	...	11,626
(4)	Number actually treated	...	...	...	13,446
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h)				27,399
(6)	Half days devoted to:—				
(a)	Periodic (school) inspection	...	...	275	
(b)	Treatment	...	...	3,374	
				<hr/>	Total (6) 3,649
(7)	Fillings:—				
(a)	Permanent teeth	...	...	14,665	
(b)	Temporary teeth	...	...	1,809	
				<hr/>	Total (7) 16,474
(8)	Number of teeth filled:—				
(a)	Permanent teeth	...	...	13,548	
(b)	Temporary teeth	...	...	1,750	
				<hr/>	Total (8) 15,298
(9)	Extractions:—				
(a)	Permanent teeth	...	...	7,459	
(b)	Temporary teeth	...	...	13,698	
				<hr/>	Total (9) 21,157
(10)	Administration of general anaesthetics for extraction				3,982
(11)	Orthodontics:—				
(a)	Cases commenced during the year	...			7
(b)	Cases carried forward from previous year	...	...	...	—
(c)	Cases completed during the year	...			7
(d)	Cases discontinued during the year	...			—
(e)	Pupils treated with appliances	...	...		7
(f)	Removable appliances fitted	...	...		7
(g)	Fixed appliances fitted	...	...		—
(h)	Total attendances	...	...		48
(12)	Number of pupils supplied with artificial teeth				393
(13)	Other operations:—				
(a)	Permanent teeth	...	...	4,849	
(b)	Temporary teeth	...	...	645	
				<hr/>	Total (13) 5,494

Until last year's report, cases offered treatment included those under treatment brought forward from the previous year as having been offered treatment in actuality. This year this has been altered and the figure given under (3) is the actual number who, following inspection in 1959, were offered treatment. The balance of those requiring treatment is made up of 5,956 Group B and C cases and 1,173 Group A cases for whom appointments have not yet been made, but will be made early in 1960.

Orthodontic cases are almost invariably referred to the consultant orthodontist for the area, who carries out the necessary treatment himself. During the year 340 cases were referred to him.



# APPENDIX B.

## HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT 1944 OR BOARDING IN BOARDING HOMES

During the Calendar year ended 31st December, 1959, how many handicapped pupils—										
	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically handicapped	Education-ally sub-normal adjusted	Mal-adjusted	Epil-epitic	Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. were <b>newly placed</b> in special schools or boarding homes? ... ..	1	—	1	1	—	5	21	1	—	30
B. were <b>newly assessed</b> as needing special educational treatment at special schools or in boarding homes? ... ..	1	2	1	3	—	6	88	1	1	103
On or about 31st January, 1960, how many handicapped pupils from the Authority's Area										
C. (i) were on the registers of special school as										
(a) day pupils ... ..	—	—	—	—	—	2	—	—	—	2
(b) boarding pupils ... ..	7	6	12	5	1	12	86	1	2	132
(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
(iii) were boarded in homes and not already included under (i) or (ii) ... ..	—	—	—	—	—	—	—	—	—	—
TOTAL C. ... ..	7	6	12	5	1	14	86	1	2	134
D. were being educated under arrangements made under Section 56 of the Education Act, 1944										
(i) in hospitals ... ..	—	—	—	—	1	—	—	—	—	1
(ii) in other groups (e.g. units for spastics, convalescent homes) ... ..	—	—	—	—	—	—	—	—	—	—
(iii) at home ... ..	1	—	—	—	1	12	2	—	1	17

# APPENDIX B — Continued

During the Calendar year ended 31st December, 1959, how many handicapped pupils—		Blind	Partially Sighted	Partially Deaf	Deaf	Delicate	Physically handicapped	Education-ally sub-normal	Mal-adjusted	Epil-epctic	Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
E. were requiring places in special schools											
(i) TOTAL	(a) day ... ..	—	—	—	—	—	—	—	—	—	—
	(b) boarding ... ..	1	3	—	3	—	11	132	3	3	156
Please state how many pupils are included in the totals above—											
(ii) who had not reached the age of 5:—											
	(a) awaiting day places ... ..	—	—	—	—	—	—	—	—	—	—
	(b) awaiting boarding places ... ..	—	—	—	1	—	—	—	—	—	1
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school											
	(a) awaiting day places ... ..	—	—	—	—	—	—	—	—	—	—
	(b) awaiting boarding places ... ..	—	2	—	2	—	2	48	—	2	56
F. were on the registers of hospital special schools		...	...	...	...	...	...	29			
G. During the calendar year ended 31st December, 1959, how many children were reported to the local health authority:—											
	(a) under Section 57(3) (excluding any returned under (b))				...	...	...	8			
	(b) under Section 57(3) relying on Section 57(4)		...	...	...	...	...	—			
	(c) under Section 57(5) of the Education Act, 1944	...	...	...	...	...	...	21			

## APPENDIX C

## SCHOOL HEALTH SERVICE CLINICS

AS AT 31.12.59.

## ALSTON:

Dental — 2nd and 4th Tuesday—all day.

School — Each Wednesday a.m.

## ASPATRIA:

Dental — 1st, 3rd and 5th Mondays—all day.

School — Each Wednesday a.m. — Medical Officer attending on 2nd and 4th Wednesdays only.

Orthopaedic Aftercare — 2nd Friday p.m., 4th Friday a.m.

Speech Therapy — Each Tuesday a.m.

## BRAMPTON:

Dental — Each Wednesday — all day.

School — Each Friday a.m. with Medical Officer attending 1st and 3rd Fridays only.

## CARLISLE:

Dental — Daily — all day.

— At Eden School — as required.

School — 2nd and 4th Wednesdays a.m. with Medical Officer in attendance.

Eye Specialist — Each Monday and Thursday a.m.

Orthoptic — Each Tuesday — all day, each Monday and Thursday a.m.

E.N.T. Specialist — Each Monday p.m.

Child Guidance — Alternate Thursdays p.m.

Speech Therapy — Each Monday and Thursday all day.

Orthopaedic Aftercare — Each Tuesday — all day.

Orthopaedic Surgeon — 1st Monday every odd month p.m. and every 8th Wednesday a.m., 1st Monday every even month a.m.

## CLEATOR MOOR:

Dental — Each Friday — all day.

School — Each Monday and Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays only.

Orthopaedic Aftercare — 2nd and 4th Tuesdays a.m.

Speech Therapy — Each Friday a.m.

**COCKERMOUTH:**

Dental — Each Tuesday, Friday and occasional Thursday — all day.  
 School — Each Monday and Thursday a.m. with Medical Officer attending 2nd and 4th Mondays.  
 Eye Specialist — Each Tuesday a.m. except 4th Tuesday.  
 Orthopaedic Aftercare — 1st and 3rd Wednesdays — all day.  
 Speech Therapy — Each Thursday — all day.

**EGREMONT:**

Dental — Each Monday and Friday — all day.  
 School — Each Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays.  
 Speech Therapy — Each Wednesday p.m.  
 Orthopaedic Aftercare — 2nd and 4th Tuesday p.m.

**FRIZINGTON:**

Dental — Each Tuesday — all day.  
 School — Each Monday and Wednesday a.m. — Medical Officer attending 2nd and 4th Mondays.

**KESWICK:**

Dental — Each Monday and Thursday — all day.  
 School — Each Thursday a.m.  
 Speech Therapy — Each Tuesday p.m.  
 Orthopaedic Aftercare — 3rd Monday p.m.  
 Eye Specialist — Each 4th Tuesday a.m.

**LONGTOWN:**

Dental — Each Friday — all day.

**MARYPORT:**

Dental — Each Monday and Wednesday — all day.  
 School — Each Tuesday and Friday a.m. with Medical Officer attending on 2nd and 4th Tuesdays.  
 Speech Therapy — Each Wednesday — all day.  
 Orthopaedic Aftercare — 1st and 3rd Tuesdays — all day.  
 Child Guidance — Each Monday p.m.

**MILLOM:**

Dental — Each Tuesday, Wednesday, and Thursday — all day.  
 School — Each Tuesday a.m. and Friday p.m. with Medical Officer attending 1st and 3rd Tuesdays only.  
 Speech Therapy — Each Thursday — all day.  
 Child Guidance — Thursday p.m. as required.  
 Orthopaedic Aftercare — 3rd Monday — all day.  
 Eye Specialist — each 1st and 3rd Friday a.m.

## PENRITH:

- Dental — Each Monday, 1st and 3rd Tuesday and Friday — all day and occasional Thursday — all day.
- School — Each Tuesday a.m. with Medical Officer attending 2nd and 4th Tuesdays only.
- Speech Therapy — Each Wednesday — all day. ...
- Orthopaedic Aftercare — 2nd and 4th Wednesday — all day.
- Orthopaedic Surgeon — 1st Monday every even month p.m.
- Orthoptic — Each Wednesday — all day, each Monday p.m.

## SEASCALE:

- Speech Therapy — Each Monday p.m.

## SILLOTH:

- Dental — Each Thursday — all day.

## WHITEHAVEN (Sandhills Lane):

- Dental — Daily all day. 2nd clinic Wednesday — all day.
- School — Daily a.m. with Medical Officer attending each Wednesday morning.
- E.N.T. Specialist — Each Tuesday a.m.
- Eye Specialist — Each Monday, Wednesday and Thursday a.m.
- Speech Therapy — Each Monday a.m., Tuesday all day, and Friday p.m.
- Orthopaedic Aftercare — Each Thursday all day.
- Orthopaedic Surgeon — 1st Friday every odd month a.m., 2nd Wednesday every even month a.m., and every 8th Tuesday.

## WHITEHAVEN (Woodhouse):

- School — Each Monday, Wednesday and Friday a.m. with Medical Officer attending each Wednesday.

## WHITEHAVEN (Mirehouse):

- Dental — Tuesday and Thursday — all day.
- School — Tuesday and Friday a.m.
- Speech Therapy — Friday p.m.

## WHITEHAVEN (10 Scotch Street):

- Child Guidance — Each Wednesday — all day.



## WIGTON:

Dental — Tuesday, Wednesday and Thursday — all day.

School — Each Monday a.m. with Medical Officer attending 1st and 3rd Mondays.

Speech Therapy — Each Tuesday p.m. and Friday a.m.

Orthopaedic Aftercare — 3rd Friday a.m.

## WORKINGTON (Stoneleigh):

Dental — Daily all day.

## WORKINGTON (Park Lane):

Dental — Daily — all day.

School — Daily a.m. with Medical Officer attending each Tuesday a.m.

Speech Therapy — Each Monday and Friday all day.

Orthoptic — Each Thursday — all day and Monday a.m.

Orthopaedic Aftercare — Each Friday all day.

Orthopaedic Surgeon — 1st Friday every even month a.m., 2nd Thursday odd month a.m., and every 8th Tuesday a.m.



